## Miami-Dade County Commissioner Sally A. Heyman, District 4

#### **Announces**

# Mom and Pop Small Business Grant Program

(Application for financial assistance through Miami-Dade County)

**Applications accepted:** 

January 14, 2011 through February 14, 2011

Return original completed applications <u>no later</u> than 12 noon February 14<sup>th</sup> to:

Commissioner Sally A. Heyman, District 4 1100 NE 163<sup>rd</sup> Street, #303 North Miami Beach, FL 33162

Phone: 305-787-5999

\*Faxed copies of completed application will not be accepted

### MOM AND POP SMALL BUSINESS GRANT PROGRAM

#### **BRIEF DESCRIPTION**

The Mom and Pop Small Business Grant Program was created to provide financial and technical assistance to qualified small businesses that are approved for funding. This program has allowed small owned and operated businesses the opportunity to interact with local government under favorable conditions ultimately bridging the gap between the two entities.

- The program provides financial assistance to further the economic viability of recipients. Funding can be used to purchase equipment, supplies, inventory, commercial liability insurance, security systems, advertising and marketing and to make minor renovations.
- Technical assistance is made available to small businesses in order to create a better working and business environment, promote economic development opportunities, educate owners about various county-funded programs and projects, form/foster better working relationships among small business owners, retain and eventually create more jobs, offer the necessary training that small business owners so desperately need to become more efficient and competitive.

The program has grown each year and is now being offered countywide. As a result, we recognize that the needs of each district are different and our goal is to address this diversity. This grant package is *only* for District 4. Deadlines and application forms for each district may differ. Therefore, please be sure to pick up the appropriate application.

#### Miami-Dade County Commissioner Sally A. Heyman Mom & Pop Small Business Grant Program Guidelines

Miami-Dade County Commissioner Sally A. Heyman is offering Mom & Pop Small Business Grant applications to qualified businesses located in District 4. All businesses *must* meet the following criteria in order to qualify:

- 1. In business for at least 2 year(s) (include proof such as articles of incorporation).
- 2. Cannot have more than seven (7) full-time employees.
- Cannot be a part of a national chain.
- 4. Have no more than two (2) businesses.
- 5. Submit a current <u>Miami-Dade County Business Tax License</u> and Municipality license if located in a Municipality at the time of application. Business name on application must match one on license (include copy of **each** license for the past **two** years).
- 6. A physical address is required. No P.O. Box as mailing address allowed.
- 7. Applicant must apply in district where business is located.
- 8. Home-based businesses can apply.
- 9. Applications will not be accepted after deadline.

Deadline: 12 noon, Monday, February 14, 2011 NO EXCEPTIONS.

- 10. Only one application per business.
- 11. Non-profit agencies cannot apply.
- 12. Businesses that relocate out of the district during the application, award and payment processing of the grant will be disqualified.
- 13. Business or owner does not have a delinquent loan with Miami-Dade County or a County funded department or agency.
- 14. Businesses that received funding in the past can apply, however <u>priority</u> will be given to those businesses that have never received funding.
- 15. Application must be <u>typed</u> or <u>printed</u> only. If application is illegible, it will automatically be disqualified.
- 16. Applicants must sign and submit all requested documents. Incomplete applications will not be considered.
- 17. Must provide picture of business location (building, office, or work vehicle).

#### **Mandatory Workshops for Approved Recipients**

Guidelines for the Mom and Pop Small Business Grant Program require that each <u>approved recipient</u> attend a mandatory business training workshop.

It is very important that you attend the entire two-hour workshop and complete the required package at that time. Otherwise, you may be disqualified from the program.

Approved businesses selected by the grant committee for a Mom and Pop Small Business grant will receive the date, time and location of the workshop.

The date, time and location of the workshop will be finalized at a later date. Approved grant recipients will be contacted with the workshop information.

#### **DISTRICT 4**

# Mom and Pop Small Business Grant Program Miami-Dade County

#### **APPLICATION**

(Please print or type – illegible applications will not be considered)

I. Business Information		Dal.
Business Name (as it appears on Licen	ise)	
Owner(s) Name		
Business Address (as it appears on Lic	cense)	-
Owner's Home Address	City	Zip Code
Business Phone	Business Fax	Cell Phone
Email address	\$	
Type of Business You Operate	Amount of fundir	ng requested
II. Program Usage		
I would like to be considered f need(s): <u>USAGE</u>	or financial assistance to	address the following <u>ESTIMATES</u>
☐ Inventory / Supplies		8
☐ Business Equipment	25	s
☐ Marketing / Advertising	Water the	s
☐ Commercial Liability Insurance _	All CALL	\$
☐ Minor Renovations		\$
☐ Security System		\$

<sup>\*\*\*</sup>applicants MUST fill in the blanks – if area incomplete, applications will not be considered\*\*

#### Business owners are required to provide the following information: 1. How long have you been in business? Number of years 2. Have you ever applied for the Mom and Pop Grant before: Yes No 3. Have you received a Mom and Pop Grant in the past? Yes \_\_\_\_\_ No \_\_\_\_\_ 4. If yes, how much funding did you receive? \$\_\_ 5. My Miami-Dade County Business Tax License (2009, 2010 and 2011) are attached to the application. No Yes 6. My Municipality Business Tax License (2009, 2010 and 2011) are attached to the application. Yes No 7. Are you or any of the shareholders employed by Miami-Dade County? No \_\_\_ 8. If yes, what department? 9. Have you ever applied for a loan? No \_ Yes 10. If yes, with whom? 11. Was the loan approved? No 12. Do you have a past due loan with the County or any County funded Yes No department or agency? 13. If yes, with whom? 14. Will you be contributing any funding to the project? No Yes 15. If yes, how much? 16. Do you own the building that you occupy? No Yes 17. Are you willing to participate in Business Development workshops? Yes No 18. Do you currently market your business? Yes No 19. If yes, how do you market, please explain (ex: newspaper ads, internet,

coupons)

20. Do you belong to any ne	tworking groups?	Yes	No
21. If yes, which groups?			
22. Number of employees?	Full-time:	Part-time:	
23. Please provide the follow	ving information regar	ding your current	employee(s):
NAME	HOME ADDRESS	ZIP CODE	White / Black Hispanic / Other Male / Female (Please Circle)
1630		- MIN	WBHO M/I
	91	67	WBHO M/F
/ All 1977		. I Septiliste	WBHO M/F
16.15	EZA AR	7200	WBHO M/I
/ All . 7.E		-A-20 MA-2 V	WBHO M/F
1111111		CV DEV	WBHO M/I
1777/			WBHO M/I
		, salidade d' e palifire.	
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0-4 0	1010	in no d	
1		100 /4	
18001 2		150 /50	-3/-
1 100 11 3	2		
14000	-747 Tec		at 1
/ (0)		Table	1/
	Pilan and	TE + F	9/
1/1/200	0 10 - 10		
My signature below indicunderstand its contents.		ad this docume	ent and fully
understand its contents.			

<sup>\*</sup>Application will be considered incomplete unless a copy of County and City Occupational license are attached for all years required.